



2021 Wisconsin Dance Council (WDC) Conference



REGISTRATION FORM (page 1 of 4)

Registration deadline is Nov. 4; Lunch and Tshirt orders due Oct. 20

REGISTRATION RATES (Deadline November 4)

WDC or NDEO Member or Student of Member

Adult Registration	\$65	
Student Registration	\$65	

Non-WDC or NDEO Member

Adult Registration	\$80	
Student Registration	\$80	

LUNCH ORDERS (Deadline October 20)

Lunches - \$12 for each boxed lunch ordered

Choice – Boxed lunch includes beverage	Number Ordered	Total (\$12 each)
Classic Club Sandwich: 6-inch sub with turkey, ham, bacon, cheddar, lettuce, tomatoes with mayonnaise served with bagged chips		
Garden Veggie Wrap with Hummus: tortilla filled with cucumber, mixed greens, shredded carrot, bell peppers & house-made hummus served with bagged chips		
Cobb Salad: tossed greens with chicken diced bacon, hardboiled egg, shredded cheddar, diced tomato & avocado served with roll		
Mixed Berry Salad with Chicken: chicken, assorted berries, red onion & feta cheese served with roll		

If ordering salad, please circle dressing choice:

honey mustard

raspberry vinaigrette

balsamic vinaigrette

ranch

French

Italian

Caesar



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MEMBERSHIP RENEWAL

Total

<p>In lieu of a separate membership mailing, members are encouraged to renew their membership with this form.</p> <p>If you are not a member, you can also purchase your membership with this form and then take advantage of the member rates for this event.</p> <p>Regular \$35, Full-time Student \$15, Retiree \$15, Studio-Affiliated Professional \$15, Professional Organization \$40</p>	
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T-SHIRT ORDERS (Deadline October 20) _____

Total

<p>Check it out! Pre-order your commemorative long sleeve T-shirt featuring WDC Professional Organizations \$20 each</p> <p>The shirt is a Fruit of the Loom HD cotton in Silver.</p> <div data-bbox="203 1033 974 1398"> </div> <p>Please indicate size/sizes: S / M / L / XL / XXL</p>		
<p>If you want a t-shirt and cannot make the event, we can ship to you. Your purchase will help support the WDC Scholarship Fund.</p>	<p>Shipping: \$4.95 for each T-shirt if you are not attending the event.</p>	

PERFORMANCE ADMISSION

Total

<p>For family and friends looking to attend the performance Nov 6 at 5:00 p.m. Suggested donation for admission is \$5 per person.</p>	
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DONATION

Total

Funds raised at this event offset expenses including paying guest artists and support the WDC Scholarship Fund.	
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Total Enclosed

SCHOLARSHIP SUPPORT

If you are unable to afford any of the registration options at this time and wish to attend, please contact WDC at events@wisconsin舞蹈council.org. Funds raised from this event offset costs, pay guest artists, and support the WDC Scholarship Fund.

REGISTRANT INFORMATION

Name: _____

Age (if student): _____

Circle Your Current Grade Level: 6th 7th 8th 9th 10th 11th 12th

Email: _____ Phone: _____

Address: _____

Organization/Studio Name: _____

Is your waiver (please see below) signed and enclosed? Yes / No



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REGISTRATION FORM (page 4 of 4)

College Audition Participation: Yes / No

The Wisconsin Dance Council membership includes a number of college and university dance programs across Wisconsin. At past conferences, college dance programs from UW-Milwaukee, UW-Stevens Point, UW-Madison and Carthage College have been present. The college audition provides dancers opportunities to audition and connect with college dance representatives for program acceptance and other opportunities, such as scholarship support.

PAYMENT AND ONLINE INFORMATION

Please return your registration form and check payable to: **Wisconsin Dance Council, PO Box 1082, Sheboygan, WI 53082**

Online Payment can be made through WDC PayPal Account: paypal.me/WDC647

Registration can also be done via Google Form: [Registration](#)

For Further Information: Email events@wisconsindancecouncil.org, Phone Ann Brusky at 920.980.5166

COVID SAFETY GUIDELINES

In response to the pandemic, WDC will follow current CDC and City of Oconomowoc COVID-19 recommended safety guidelines. WDC may require additional health and safety measures following best practices for dance. It is very important that everyone follow the event protocols, even if they have been vaccinated. Protecting the health of everyone is a top priority. The following health and safety measures will be in place for this event:

- MASKS – Participants must wear face masks while indoors
- SPACING – Spatial distancing will be maintained
- VACCINES – It is strongly advised for participants 12 and older to be vaccinated
- SYMPTOM MONITORING - Participants who feel ill, or exhibit symptoms associated with COVID-19 should refrain from attending this event. WDC will refund registration fees as a result of cancellations due to COVID-19 health and safety protocols.

We will continue to follow Oconomowoc COVID-19 mitigation measures. WDC will email all participants one week prior to the event with reminders along with any further updates. Additionally, should you develop symptoms or are ill, please contact WDC to notify you will be unable to attend and a refund will be issued.

2021 WDC Conference – Sat., Nov. 6, 2021 – Oconomowoc Arts Center, 641 E Forest St, Oconomowoc



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WAIVER FORM

Agreement for Assumption of Risk, Indemnification, Release, and Consent for Emergency Treatment

I, _____ (print name), desire to participate voluntarily in the **Wisconsin Dance Council 2021 Conference Classes** on November 6, 2021.

I UNDERSTAND THAT I AM BEING ASKED TO READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. I UNDERSTAND THAT IF I WISH TO DISCUSS ANY OF THE TERMS CONTAINED IN THIS AGREEMENT, I MAY CONTACT **THE WISCONSIN DANCE COUNCIL**.

Assumption of Risks:

I understand that physical activity related to the **Wisconsin Dance Council Event**, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Some of these involve strenuous exertions of strength using various muscle groups, some involve quick movement involving speed and change of direction, and others involve sustained physical activity, which places stress on the cardiovascular system. The specific risks vary from one activity to another, but in each activity the risks range from: 1) minor injuries such as scratches, bruises, and sprains, to 2) major injuries such as fractures, internal injuries, joint or back injuries, heart attacks, and concussions, to 3) catastrophic injuries including paralysis and death. I understand that the **Wisconsin Dance Council** has advised me to seek the advice of my physician before participating in this activity. I understand that I have been advised to have health and accident insurance in effect and that no such coverage is provided for me by the **Wisconsin Dance Council**. **I KNOW, UNDERSTAND, AND APPRECIATE THE RISKS THAT ARE INHERENT IN THE ABOVE-LISTED PROGRAMS AND ACTIVITIES. I HEREBY ASSERT THAT MY PARTICIPATION IS VOLUNTARY AND THAT I KNOWINGLY ASSUME ALL SUCH RISKS.**

Initial:

Hold Harmless, Indemnity and Release:

In consideration of permission for me to voluntarily participate in **Wisconsin Dance Council Event**, today and on all future dates, I, for myself, my heirs, personal representatives or assigns, agree to defend, hold harmless, indemnify and release, the **Wisconsin Dance Council**, and their officers, employees, agents, and volunteers, from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result from my participation in the above-listed program. This release includes claims based on the negligence of the **Wisconsin Dance Council**, and their officers, employees, agents, and volunteers, but expressly does not include claims based on their intentional misconduct or gross negligence. **I UNDERSTAND THAT BY AGREEING TO THIS CLAUSE I AM RELEASING CLAIMS AND GIVING UP SUBSTANTIAL RIGHTS, INCLUDING MY RIGHT TO SUE.**

Initial:

Consent for Emergency

Treatment:

I authorize the **Wisconsin Dance Council** and its designated representatives to consent, on my behalf, to any emergency medical/hospital care or treatment to be rendered upon the advice of any licensed physician. **I AGREE TO BE RESPONSIBLE FOR ALL NECESSARY CHARGES INCURRED BY ANY HOSPITALIZATION OR TREATMENT RENDERED PURSUANT TO THIS AUTHORIZATION.**



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Initial: _____

Photo

Release:

I agree to grant to WDC and its authorized representatives permission to record on photography film and/or video and pictures of my participation. I further agree that any or all of the material photographed may be used, in any form, as part of any future publications, brochure, social media, or other printed materials used to promote WDC, and further that such use shall be without payment of fees, royalties, special credit or other compensation.

Initial: _____

Signature: _____ **Date:** _____

If participant is under 18, a parent or guardian must sign this form, not the participant.

Print name of parent of guardian if the participant is under 18:
